

# **PREGNANT WOMAN**

## **VENA Questions**

1. What is the greatest concern you have today about your pregnancy? (333, 334, 335, 336) How would you rate your current stress level on a scale of 1-10 (1 is low, 10 is high)? (901)
2. Tell me who you see for prenatal and dental care. When was your last dental visit?
3. How much weight do you plan to gain during this pregnancy? (358)
4. What kind of physical activity are you doing?
5. What health, medical or dental issues do you currently have or had during your last pregnancy? (211, 301,302, 338, 341-349, 351-355, 357-363, 381; pregnancy-related 303, 304, 311, 312, 321, 337, 339)
6. Tell me about any vitamins, supplements, herbs, teas or medications you are taking? (357, 427)
7. Sometimes pregnant women have cravings for non-food items (like soil, large quantities of ice or laundry starch), eat or drink unpasteurized dairy products or juices, raw or undercooked meats or fish, unwashed produce or sprouts. Tell me about any of these you eat. (427)
8. Tell me about the last time you used alcohol, tobacco or drugs. (371, 372)
9. When and where are you around other people who are smoking indoors? (904)
10. Tell me how you feel about your current eating habits. (What and how often you eat, the variety of foods eaten. What do you drink in a typical day? Who normally eats with you? Where do you normally eat? What else is going on when you eat?)
11. How do you feel about providing and preparing food for yourself/your family? (How often do you eat at restaurants or other commercial businesses that offer food?) (801, 902)

12. What have you heard about breastfeeding?
13. What questions do you have for me?